

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560293

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL IND.	2	↓		↓		↓			↓		↓		↓
TOTAL DEP.	16	←		←		←			←		←		←
TOTAL CLAIMS	18												
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TOTAL DEP.		←		←		←			←		←		←
TOTAL CLAIMS													

BEST AVAILABLE COPY